PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

AME-007

						nn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			8				Γ	RATE.	FEE	1	RATE	FEE	
FOR			NUMBER F	FILED	NUMBI	ER EXTRA	В	ASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			& min	us 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 = *			<u> </u>	T	X42=-		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							f	+140=		OR	+280=		
* If the difference in column 1 is less than zer					"0" in c	olumn 2	L	TOTAL		h of l	TOTAL		
CLAIMS AS AMENDED - PART II										اٽ'. ا	OTHER	THAN	
(Column 1) (Column 2) (Column 3)							;	SMALL ENTITY OR SMALL ENTITY					
AMENDMENT'A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ME	Total	AMENDMENT	Minus	PAID	FOR	<u></u>	-		FEE		* V640	FEE	
EZ	Independent	*	Minus	***		=	_	X\$ 9=∉		OR	X\$18⊨		
AM		NTATION OF MU			Γ CLAIM.			X42=		OR	X84≐		
			X				1	+140=		OR	+280=	, # 	
				* * * * * * * * * * * * * * * * * * *	,		ΑΓ	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	j. 1	
		(Column 1)		(Colu		(Column 3)				,	-3	7. - 1. 1. - 1. 1.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	4	RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	LTIPLE DEPENDENT CLAIM]	+140=		OR	+280=		
							Ļ	TOTAL			TOTAL ADDIT. FEE	ा । स	
, () . , () .		(Column 1)		(Colui	mn 2)	(Column 3)	Αl	DDIT: FEE		rte.	AUDII. FEE	<u>. </u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total:	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	,	
ME	Independent	*	Minus	***		=]	X42=			X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN.	T CLAIM]	772-	·	OR	704=		
+140= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	,	
		nber Previously Pa					er founi	d in the and	oronriate ho	r in co	lumn 1		